

Tel: (212)660-2700 Fax: (212)660-2704 www.stiprepaid.com

REGEIVED

NOV 2 5 2008 SOUTH DAKOTA PUBLIC

UTILITIES COMMISSION

November 20, 2008

Patty Van Garpen, Executive Director South Dakota Public Utilities Commission 500 East Capital Avenue Pierre, SD 57501

RE: Replacement of Bond No. LPM7593193

Dear Director Van Garpen,

STi Prepaid, LLC ("STi") respectfully submits a new bond which serves as a replacement to bond no. LPM7593193. The new bond documentation is attached and a summary of the information is outlined below.

Principal: STi Prepaid, LLC

Bond #: 1024307

Coverage Amount: \$25,000

Effective Date: 10/21/2008

So that our records will be complete, please date stamp the extra copy of this letter and return in the enclosed self-addressed postage-paid envelope. If you have any questions concerning this filing, please contact me at the number (212) 660.2724, or by email at Jenni.Partridge@stiprepaid.com.

Sincerely,

Jenni Partridge

Jenni Partridge Regulatory Affairs Specialist

INDEMNITY BOND TO THE PEOPLE OF THE STATE OF South Dakota

NOV 2 5 2008 SOUTH DAKOTA PUBLIC UTILITIES COMMISSION

Bond No. 1024307

We, <u>STi Prepaid</u>, <u>LLC</u>, principal and provider of resold interexchange telecommunications services within the State of South Dakota and <u>Lexon Insurance</u> <u>Company</u>, as an admitted surety insurer, bind ourselves unto the Regulatory Commission of the State of South Dakota, an Obligee, in the penal sum of <u>\$25,000.00</u>

The total aggregate liability under this bond is limited to \$25,000.00 (Twenty Five Thousand Dollars)

The conditions of this obligation are such that the principal shall in all respects fully and faithfully comply with all applicable provisions of South Dakota law. This obligation shall be used to refund prepayments to individuals who have purchased prepaid telecommunications services of the principal if the principal is unable to provide such service of return the prepayments to its customers. Within twenty-four (24) hours of such event, principal shall provide to insurer a list of prepaid-calling service account codes it believes to be outstanding in the State of South Dakota together with the remaining balances. Bond insurer agrees to act as administrator of the funds and to distribute remaining account balances to individuals who request refunds in writing.

This bond shall take effect as of the date hereon and shall remain in full force and effect until the surety is released from liability by the written order of the South Dakota Regulatory Commission, provided that the surety may cancel this bond and be relieved of further liability hereunder by delivering thirty (30) days written notice to the South Dakota Regulatory Commission. Such cancellation shall not affect any liability incurred or accrued hereunder prior to the termination of said thirty (30) day period. The principal will promptly reissue a bond before the end of the thirty (30) day period for an amount equal to or greater than the value of this instrument unless the parties agree otherwise.

Dated this 21st day of October, 2008

STi Prepaid, LLC

THOMAS BLAURIO, CFO

Lexon Insurance Company

Joan Mularz, Attorney-in-Fact

LEXON INSURANCE COMPANY FINANCIAL STATEMENTS AS OF DECEMBER 31, 2007

Total Assets			Other Assets	Loss Payments	and Allinates	Receivable from Parent, Subsidiaries	Funds Held or Deposited with Reinsurance Companies	Investment Income Due & Accrued	Agents Balances &/or Uncollected Premiums	Cash and Short-Term Investments	Money Market &/or Stocks	Bonds	ASSETS
\$77,468,824			5,724,036	0	c	o	0	419,173	5,183,905	28,601,341	o	\$37,540,369	
Total Liabilities and Policyholder Surplus	Total Policyholder Surplus	Surplus	Capital Stock & Paid In Surplus	POLICYHOLDERS' SURPLUS	Total Liabilities	Other Liabilities	Payable to Parent, Subsidiaries and Affiliates	Reserve for Unauthorized Reinsurance Reserve for Unauthorized Reinsurance	Reserve for Current federal income taxes	Reserve for Other Expenses Reserve for Taxes, Licenses, and Fees	Reserve for Unearned Premiums	Reserve for Losses and Loss Expense	LIABILITIES
\$77,468,824	\$37,373,543	19,397,467	\$17,976,076		\$40,095,281	1,973,689	94,903	0 0	3 0	122,053 246,065	27,936,840	\$9,385,540	

CERTIFICATE

I certify that the above financial statements to the best of my knowledge are a true and accurate reflection of the financial condition of the Company as of December 31, 2007. Additionally, I certify that the above financial statements are in agreement with the Statutory Financial Statements filed with the Texas Department of Insurance as of the same date.

Chief Financial Officer, Vice President & Assistant Treasurer

POWER OF ATTORNEY

LX - 34656

Lexon Insurance Company

Lexuii iiizui aiice	Company
KNOW ALL MEN BY THESE PRESENTS, that LEXON INSURANCE	COMPANY, a Texas Corporation, with its principal office in
Louisville, Kentucky, does hereby constitute and appoint: Neil C. Krauter, A	ndre S. Eichenholtz, Joan Mularz ***********
*************	***********
its true and lawful Attorney(s)-In-Fact to make, execute, seal and deliver for, an other writings obligatory in nature of a bond.	d on its behalf as surety, any and all bonds, undertakings or
This authority is made under and by the authority of a resolution INSURANCE COMPANY on the 1st day of July, 2003 as follows:	which was passed by the Board of Directors of LEXON
Resolved, that the President of the Company is hereby authorized to other person or persons as Attorney-In-Fact to execute on behalf of the Compa or other writings obligatory in nature of a bond not to exceed \$2,500,000.00, Tw might execute through its duly elected officers, and affix the seal of the Com Attorney-In-Fact shall be as binding upon the Company as if they had been officers of the Company. Any Attorney-In-Fact, so appointed, may be removed as specified in the Power of Attorney.	any any bonds, undertakings, policies, contracts of indemnity vo-million five hundred thousand dollars, which the Company pany thereto. Any said execution of such documents by an duly executed and acknowledged by the regularly elected
Resolved, that the signature of the President and the seal of the Corgranted, and the signature of the Vice President, and the seal of the Company mand any such power or certificate bearing such facsimile signature and seal shexecuted and sealed and certificate so executed and sealed shall, with respect to be valid and binding on the Company.	nay be affixed by facsimile to any certificate of any such power all be valid and binding on the Company. Any such power so
IN WITNESS THEREOF, LEXON INSURANCE COMPANY has ca Corporate Seal to be affixed this 2nd day of July, 2003.	used this instrument to be signed by its President, and its
TEXAS INSURANCE COMPANY	BY David E. Campbell President
ACKNOWLEDGEM	ENT
On this 2nd day of July, 2003, before me, personally came David E. C say that he is the President of LEXON INSURANCE COMPANY , the corporation he executed said instrument on behalf of the corporation by authority of his off	on described in and which executed the above instrument; that
"OFFICIAL SEAL" MAUREEN K. AYE Notary Public, State of Illinois My Commission Expires 09/21/09	Maur K Clyl Maureen K. Aye
CERTIFICATE	
I, the undersigned, Secretary of LEXON INSURANCE COMPANY , A original Power of Attorney of which the foregoing is a true and correct copy, resolutions as set forth are now in force.	A Texas Insurance Company, DO HEREBY CERTIFY that the is in full force and effect and has not been revoked and the
Signed and Sealed at Lombard, Illinois this Day of Octob	per 08
TEXAS INSURANCE COMPANY	Donald D. Buchanan Secretary